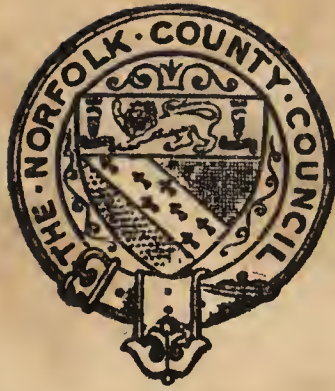


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NORFOLK EDUCATION COMMITTEE

Annual Report

of the

PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR 1965

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PREFACE

I have the honour to present the annual report for the year 1965.

During the year there was no change in the system of medical inspection of school children. The number of children whose general condition was recorded as "unsatisfactory" remained very low, constituting only 0.2% of the total, while only 11.81% were found to have one or more defects, which is the lowest figure recorded in the past five years. These examinations have sometimes to be carried out in rather unsatisfactory conditions. It is always desirable that medical inspections should be carried out within the schools concerned so that close contact can be maintained between medical and teaching staff but there are a few schools where this is not possible due to lack of suitable accommodation and there are signs that this problem may become more acute in the future.

Two medical officers left the staff, one on retirement and the other to another authority. Of the total of 9.45 equivalent full-time medical officers engaged in school health service work, the nine part-time medical officers contributed the equivalent of 2.40 full-time officers and thus undertook 25% of the work of the school health service. This proportion is, of course, inevitable, due to the difficulty of obtaining full-time staff and without their help it would not be possible to complete the work of the school health service. We were able, however, to appoint a full-time officer who divides his duties between headquarters and district. The full-time officer has the advantage of being able to acquire wider experience than his part-time colleague because of the latter's limited opportunities for refresher and training courses. Recruitment of whole-time staff, though encouraged, can only be improved by offering a varied and interesting career with opportunities for more post-graduate courses in the various specialist techniques increasingly required of school medical staff. Three medical officers attended courses during the year, one of which was a refresher course.

One of the two social workers attached to the child guidance clinics left during the year on a course of study but we were fortunate to secure the part-time services of a qualified social worker which enabled the clinics to continue at their previous level. No new clinics were introduced during the year but existing clinics were able to meet the demands put upon them without undue delay or a long waiting list.

One of the part-time speech therapists left the county in the early part of the year but with the appointment of one of our part-time therapists to a full-time post, we were in the fortunate position of having a full establishment of speech therapists for the first time for many years. It was therefore possible to open a number of new clinics in larger schools. Despite an increase of 15% in the number treated and 17% in the number of sessions, it is still not always possible to provide regular therapy for all those who need it for reasons fully explained in this report.

As envisaged in last year's report, we were able to make a start in our scheme for selected health visitors to screen the hearing of six-year-old children by sweep audiometry in two areas. This system parallels that of screening vision which has been in existence for a number of years. It is too early, however, to accurately assess the value of this method. Two new units for the partially hearing were in operation at the end of the year, one at King's Lynn and the other at Attleborough. These developments constitute a further step forward in the provision for those children handicapped by impaired hearing.

It will be noted that a growing number of schools are installing swimming pools and this has required careful consideration of the best means of preventing an increasing incidence of plantar warts or verrucae among the children. There are a number of disinfectants which the manufacturers claim will prevent the spread of foot infections but the evidence so far available is inconclusive.

It is gratifying to note that the consent rate for B.C.G. vaccination of school children reached the highest recorded figure of 78.1%.

I should like to thank all the members of my staff and the officers of the education department for their helpful support and encouragement throughout the year.

A. G. SCOTT.

Public Health Department,
29, Thorpe Road,
Norwich,
NOR 01 T
August, 1966.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1965

Principal School Medical Officer :

A. G. SCOTT, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer :

I. C. BRANNEN, M.B., Ch.B., M.R.C.P.E., D.P.H.

Senior Medical Officer :

A. N. HUNTER, M.B., Ch.B., D.P.H.

Senior Assistant Medical Officer:

M. W. BEAVER, M.B., B.S., D.P.H.

School Medical Officers :

(also Assistant County Medical Officers and District Medical Officers of Health)

A. AFNAN, L.A.H., D.P.H. (Eng.), M.D., D.L.O. (Teh.)

J. A. D. BRADFIELD, M.B., B.Ch., B.A.O., D.P.H.

A. A. G. CARSON, M.B., B.Ch., D.P.H.

IRENE B. M. GREEN, M.D., B.S., D.P.H.

D. F. HADMAN, M.B., B.S., D.P.H.

J. McD. HANLEY, L.R.C.S., L.R.C.P., D.P.H. (from 2nd August)

G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.

C. T. JONES, M.R.C.S., L.R.C.P., D.P.H.

LYDIA McMURDO, M.R.C.S., L.R.C.P., D.P.H. (from 1st March)

J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H. (to 25th June)

SCHOOL MEDICAL OFFICERS:

(also Assistant Medical Officers)

Full-time.

C. H. B. LAWFIELD, M.A., M.R.C.S., L.R.C.P. (from 21st April)

A. D. MACDONALD, M.D., Ch.B.

Part-time.

MARGARET E. ANDERSON, M.B., Ch.B., M.R.C.O.G.

J. B. BENWELL, M.B., B.S., D.C.H. (to 7th May)

SYBIL E. CATOR, M.B., Ch.B.

CHRISTINE R. COUPLAND, M.B., Ch.B. (from 28th September)

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

MOLLY GOVIER, M.B., Ch.B., D.C.H.

ALLISON M. B. HAMILTON, M.B., Ch.B., D.P.H. (from 30th September)

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M. & H.

A. JEAN LACEY, M.B., Ch.B., D.P.H. (from 18th May)

ROSEMARIE D. LINCOLN, M.B., B.S.

R. N. C. MCCURDY, M.B., Ch.B., D.P.H. (to 4th August)

ZOE T. SLATTERY, M.B., B.S., D.C.H. (to 20th July)

Principal School Dental Officer :

N. J. ROWLAND, L.D.S., R.C.S. (Edin.)

Area Dental Officers:

HILDA M. CROXFORD, L.D.S., R.C.S., (Eng.)
A. W. LONGSTAFF, B.D.S. (Durham) (to 31st August)
J. W. MCQUISTON, L.D.S. (Q.U. Belf.)
J. L. TAYLOR, L.D.S., R.C.S. (Edin.) (from 1st September)
S. H. WOONTON, L.D.S., R.C.S. (Eng.)

Dental Officers:

P. A. BETTS, L.D.S. (Sheffield) (to 31st October)
EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)
J. S. CLEMENTS, B.D.S. (B'ham), L.D.S., R.C.S. (Eng.) (to 8th January)
J. H. de MIERRE, L.D.S., R.C.S. (Eng.)
J. GEMMELL, L.D.S., R.F.P.S. (Glas.)
A. HURLEY, B.D.S. (Durham)
R. JENNINGS, B.D.S. (Durham)
P. J. PEARCE, B.D.S. (London) (from 1st February)
N. H. WHITEHOUSE, L.D.S., B.Ch.D. (Leeds)
*M. G. ANSON, L.D.S., R.C.S. (Eng.)
*H. E. HOVELL, L.D.S., R.C.S. (Eng.)
*W. NICHOLLS, L.D.S., R.C.S. (Eng.)
* Part-time.

Superintendent Nursing Officer :

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer :

MISS M. HARRIS, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers :

MISS D. M. BURRELL, S.R.N., S.C.M., H.V.Cert., Q.N.
MISS D. M. SIMMONS, S.R.N., S.C.M., H.V.Cert., Q.N. (from 21st April)
MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

Other Nursing Staff Engaged on School Health Service Duties.

Health Visitors and School Nurses

School nursing duties only, 2; combined duties, 32.

District Nurses and Midwives

Combined duties with health visiting and school nursing, 23.

Senior Speech Therapist:

MISS J. RUTT, L.C.S.T.

Speech Therapists:

MRS. D'VIDA BEATON, B.A., (Natal), L.C.S.T.
(full-time from 27th September)
MISS D. M. BRAITHWAITE, L.C.S.T.
*MRS. J. M. BRUCE, L.C.S.T. (to 28th February)
MRS. B. J. EMERY, L.C.S.T.
MISS A. M. ORR, L.C.S.T.

*Part-time.

18 Driver Attendants (Dental)

ANNUAL REPORT

OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1965

1. GENERAL STATISTICS

Area of administrative county ... 1,302,501 acres

Registrar-General's mid-year estimate of population, 1965 407,710

Number of schools and number of pupils on the registers as at the 31st December, 1965:—

Type of school	Number of schools	Number of pupils on register
Primary ...	393	33,223
Secondary modern ...	45	15,563
Secondary grammar ...	13	4,867
Wymondham College ...	1	727
Nursery schools ...	3	117
Special schools ...	2	145
	<hr/> 457 <hr/>	<hr/> 54,642 <hr/>

Average attendance of pupils at primary and secondary modern schools for the year ended 31st December, 1965:

Primary ...	91.7%
Secondary modern ...	91.2%

II. STAFF

The following table shows the number of staff and the whole-time equivalent employed in the school health service as compared with the previous year:—

	31st December, 1965		31st December, 1964	
	No. employed	Estimated equivalent in terms of whole-time officers	No. employed	Estimated equivalent in terms of whole-time officers
Medical staff ..	24	9.45	24	8.43
Dental officers ..	15	13.27	17	14.82
Speech therapists ..	5	5.00	6	4.80
School nurses ..	57	7.98	58	12.78
Driver attendants ..	18	16.09	20	17.48
Clerk attendants ..	9	3.60	9	3.55
Totals ..	128	55.39	134	61.86

III. MEDICAL INSPECTION

There was no change during the year in the number of periodic medical inspections, pupils being medically inspected three times during school life, viz. at entering, at age 10 plus and on leaving.

There was an increase of 1,156 in the number so inspected (16,306) as compared with the previous year (15,150). In addition to these periodic

inspections, school medical officers carried out 10,397 other examinations of which 882 were special examinations undertaken at the request of parents, teachers or school nurses. The other 9,515 examinations were re-examinations of children who at previous inspections had been found to have defects. During the previous year, 1,510 special and 8,937 re-inspections were carried out.

In accordance with established procedure, school nurses visited schools prior to the date of medical inspection to test the vision and hearing of 8-year-old and 13-year-old pupils in primary and secondary grammar schools respectively and any pupil in these two age groups about whose condition the nurse was in doubt was referred to the school medical officer in order that he could arrange to see the child as a "special" at the next medical inspection. During the year, the vision and hearing of 3,704 8-year-old pupils and 243 13-year-old pupils were examined by school nurses who referred 309 and 14 respectively to the school medical officer for special examination. The number of schools which did not have a complete medical inspection during 1965 was 6, a decrease of 5 as compared with the previous year.

There was a further decrease in the percentage of parents who attended medical inspection, 56.31 for 1965, though, of course, this varies immensely according to age group, being as high as 90% under 8 years of age.

FINDINGS OF MEDICAL INSPECTION

Diseases and Defects (excluding dental and nutritional defects and uncleanliness)

Reference to Table A of Part I of the official return shows that 1,926 individual children were found at periodic medical inspection to have one or more defects considered to need treatment, giving a percentage of 11.81 of all children examined. This figure is the lowest recorded during the last 5 years:

1961	...	...	...	...	12.53%
1962	...	...	...	...	12.91%
1963	...	...	...	...	13.48%
1964	...	...	...	...	13.18%
1965	...	...	...	...	11.81%

The latest comparable figure for England and Wales during 1963 was 15.55%.

General Condition

There was again a fall in the percentage number of pupils whose general condition at medical inspection was considered by the school medical officers as being unsatisfactory. This figure of 0.20% has, it will be seen from the undermentioned table, gradually fallen during the past 5 years and represented last year approximately one child in 500.

Year	No of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1961	15,658	15,604	99.66	54	0.34
1962	17,005	16,947	99.66	58	0.34
1963	15,411	15,351	99.61	60	0.39
1964	15,150	15,112	99.75	38	0.25
1965	16,306	16,274	99.80	32	0.20

The latest comparable figures for England and Wales relate to 1963 when 99.46% were found to be satisfactory and 0.54% unsatisfactory.

Provision of Milk and Meals

The following table has been compiled from information kindly provided by the Chief Education Officer :—

No. of pupils in attendance on 27/10/65	Meals			Milk	
	Free	Paid	% of those attending	1/3rd pint free	% of those attending
Primary 31,233	1,690	22,443	77.26	28,393	90.44
Secondary modern and secondary grammar .. 19,253	1,206	14,559	81.88	10,208	50.89
Nursery 92	5	87	100.00	92	100.00
Totals 1965 50,578 (1964) (49,793)	2,901 (2,988)	37,089 (35,323)	79.07 (76.90)	38,693 (37,930)	76.50 (76.10)

CLEANLINESS

The routine periodic cleanliness inspection of school children in primary and secondary modern schools is restricted to those schools where there has been infestation amongst any of the pupils during the preceding two years. Health visitors/school nurses, however, visit “clean” schools in their area once a term to consult the head teacher and give any necessary help and advice. The onus for drawing attention to the possibility of uncleanness rests with the head teachers who fully appreciate the importance of notifying suspected cases.

During 1965, a total of 14,622 head inspections were carried out by the school nurses and 199 children were found to be verminous. This represented a figure of 0.36% of the school population, being a very slight increase as compared with the figure for the previous year.

The following table gives the trend of infestation over the past five years :—

Year	Total No. of examinations made by health visitors/school nurses	Number of individual children found infested
1961	21,015	197
1962	8,339	91
1963	13,511	181
1964	10,220	159
1965	14,622	199

OTHER DUTIES OF SCHOOL NURSES

School nursing is undertaken by two whole-time school nurses, 32 health visitors/school nurses and 23 district nurse/midwives/health visitors who together devote an equivalent of 7.98 in whole-time service. In addition to their visits to schools for head inspection, the school nurses continued to work in close co-operation with school medical officers, head teachers and parents in the inspection and treatment of pupils.

The school nurses’ important role in examining the vision and hearing of eight-year-old pupils in primary schools and 13-year-old in grammar

schools will be extended when audiometer screening of six-year-old children is in operation throughout the county. As mentioned on page 20, audiometry of this group of children is at present limited to two areas of the county.

HEALTH EDUCATION

Health education programmes continued in various schools throughout the county. A programme of four talks on sex education was instituted at a secondary modern school in the Wayland area. Small groups of girls were given talks by a health visitor and discussions were held afterwards. This proved to be both popular and helpful to the teenagers concerned.

Mothercraft classes were given in several schools.

In the King's Lynn area at the request of the head teacher some school leavers were given individual talks by the school medical officer on the dangers of venereal disease.

Further programmes on various aspects of health were developed for future use in secondary schools.

Individual talks were given by members of the public health staff to schools which requested them. Moreover, it is encouraging to note that programmes of a series of talks are now in greater demand. This enables the health educator to get to know the children involved and encourages better rapport. The influence of what is said is greater if a continuing series can be incorporated in the school time-table.

In some areas, posters and literature were distributed in schools, whilst in one area displays were put up by the school medical officer.

Since the appointment of the health education officer in August and the purchase of some material and visual aids, the health education service to schools is expanding. More demands by head teachers are being received and many more can now be satisfactorily met.

SCHOOL LEAVERS—MEDICAL REPORTS

During the medical inspection of school leavers, medical officers continued to complete Forms Y.9 or Y.10 for those children suffering from a defect or handicap which might be relevant to their future employment. Wherever possible, these are completed in the penultimate school term so that they are available to the youth employment officer for his consideration in advising and placing the child in employment. During the year, 256 Forms Y.9 were recorded as completed.

At the time of writing, a new functional assessment form is still with the printers.

TRANSPORT OF CHILDREN TO AND FROM SCHOOL

One of the duties of the school health service is the medical examination of school children who are referred for consideration for the provision of school transport on medical grounds. After examination of the reports from hospital specialists, family doctors or school medical officers, 127 individual children were recommended to be provided with transport.

IV. TREATMENT OF DEFECTS

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS

Excellent co-operation exists between school medical officers, hospital consultants and family doctors.

Before any child is referred to a specialist or for hospital treatment, it is the practice, save for certain agreed conditions, to consult the family doctor

so that he will have the opportunity, if he wishes, to undertake this himself. In a large number of cases, however, general practitioners are willing for children to be referred by school medical officers, provided they are fully informed of the results.

The routine reports which are available from consultant paediatricians, cardiologists and chest physicians, etc., are very much appreciated and are found most helpful in relating educational needs to physical, mental or emotional defects.

DEFECTIVE VISION

Defects of vision again constituted the bulk of defects found at periodic medical inspection. During the year, 1,148 pupils had defects of vision, excluding squint, found to need treatment. In addition, 1,127 defects of vision were considered to require observation.

Though difficulties are apparently being experienced in staffing ophthalmic clinics in other areas, we are fortunate in this area in having no such problems and are indebted to the respective hospital management committees for the clinic facilities provided for the refraction of school children at the Cromer and District, West Norfolk and King’s Lynn General, Thetford Cottage and Jenny Lind Hospitals. During the year, 2,138 cases were referred to these clinics and spectacles prescribed for 1,140 children. It is interesting to note the consistency of these figures over the years in the following table:—

Year	No. of children referred to Eye Specialist	Pairs of Spectacles prescribed
1955	2,205	1,298
1956	2,152	1,293
1957	1,991	1,182
1958	1,845	1,059
1959	1,885	1,091
1960	No figures given	
1961	No figures given	
1962	2,247	1,248
1963	2,258	1,171
1964	2,136	1,133

Testing for colour vision was carried out for pupils in the 10—11-year-old age group.

Squint

At periodic medical inspections during the year, 81 children were found to have squints and were referred for treatment.

Orthoptic clinics are held at the undermentioned four hospitals and a summary of the work carried out at each is given below:—

	Cromer and District Hospital	Norfolk and Norwich Hospital.	West Norfolk and King’s Lynn General Hospital.	Thetford Cottage Hospital	Total.
Number of children treated by orthoptist ...	48	416	166	57	687
Total number of attendances ...	105	805	771	139	1,820
Number discharged as improved or cured ...	20	278	19	3	320

DEFECTS OF EAR, NOSE AND THROAT

During the year, 216 children were referred for treatment and 1,280 placed under observation for diseases of the ear, nose and throat. 51 pupils considered to need operative treatment for removal of tonsils and adenoids were referred to consultants at hospital out-patient clinics with the prior agreement of their general practitioner.

SKIN DISEASES

During the year, 59 children were referred for treatment and 372 placed under observation for diseases of the skin.

ORTHOPAEDIC TREATMENT

The arrangements whereby children needing orthopaedic treatment were referred, with the consent of the family doctors, to the orthopaedic surgeons at Norfolk hospitals, continued during the year.

V. DENTAL TREATMENT

The principal school dental officer reports:—

Staff

In January, Mr. J. S. Clements left our service to take up an appointment as a dental officer in the R.A.D.C. He was replaced by Mr. P. J. Pearce the following month and thus there was very little disruption in the provision of treatment in the Wymondham area. Mr. A. W. Longstaff, the area dental officer in the north-east of the county, entered private practice in July and Mr. P. A. Betts transferred to another authority in November. Mr. Longstaff was succeeded by Mr. J. L. Taylor in September but the post vacated by Mr. Betts at East Dereham had not been filled by the end of the year. The effect of these changes represented a loss of approximately half of a whole-time dental officer's time or just over 200 sessions. I am grateful to those members of the staff who gave cover in the areas affected.

At 31st December the staff consisted of:—

- 1 chief dental officer.
- 4 whole-time area dental officers.
- 7 whole-time dental officers.
- 3 part-time dental officers.

As the whole-time equivalent of the part-time officers was 1.6, we were employing a total whole-time equivalent of 13.6 at this date. The average age of the dental officers was 46.

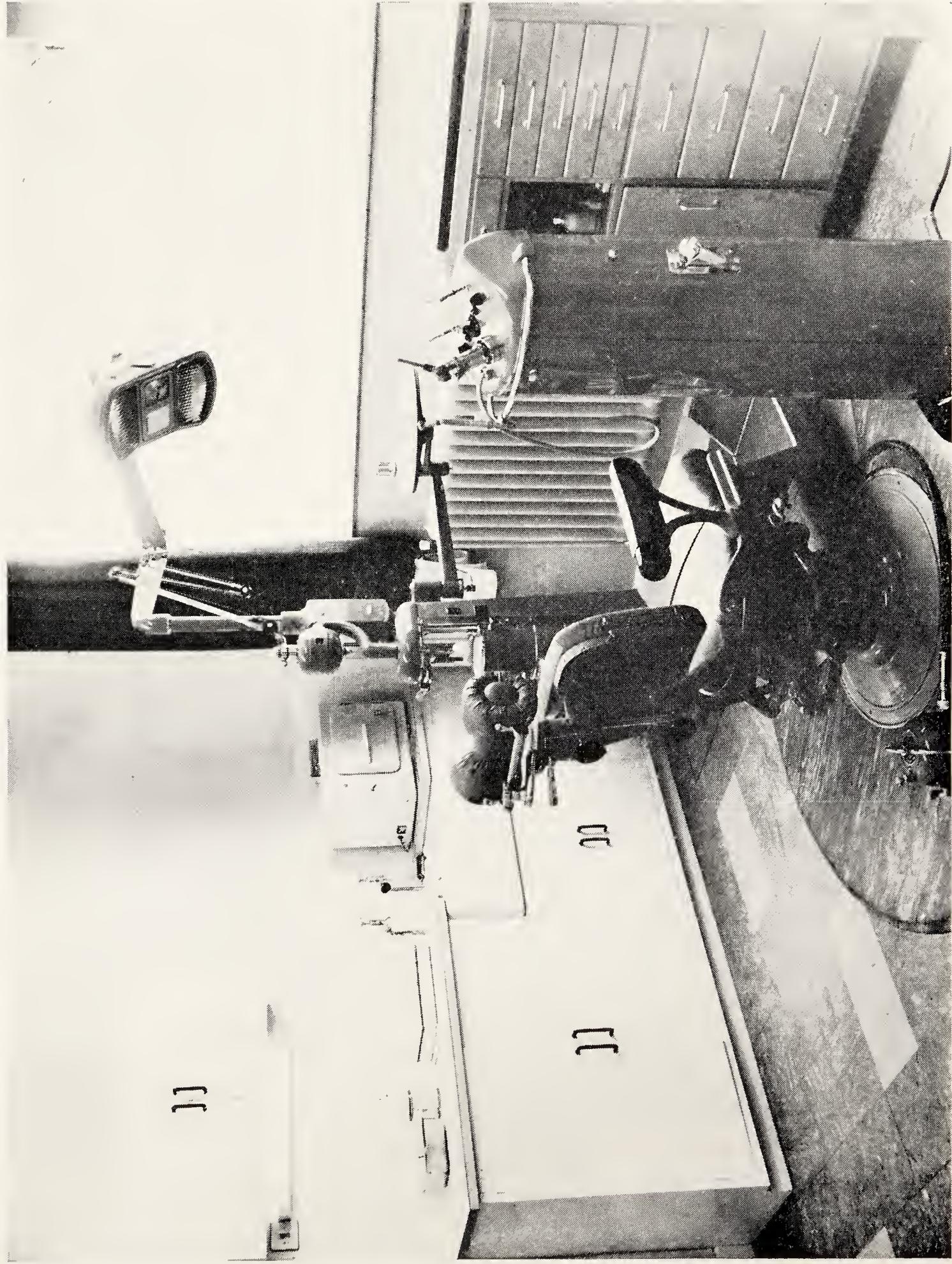
There were 5,402 sessions devoted to treatment and inspection during the year as compared with 5,517 in 1964.

Following structural alterations and the installation of a new dental unit with airtor, it was possible to reopen Stalham clinic during June. Thus, all 28 clinics in the county were functioning from that date.

It was most pleasing for staff and patients alike to see the opening in January 1966, of the dental suite which is contained within the new health clinic at Fakenham. This suite, consisting of a surgery, darkroom/workroom, waiting room and recovery room, provides ideal working conditions for the dental staff and is attractive to patients.

Courses

Mr. S. H. Woonton, Mr. J. Gemmell, Mr. N. H. Whitehouse, Mrs. E. P. Churchyard and Mr. R. Jennings attended courses on general anaesthetics at the Eastman Dental Hospital, London. Each course was of a week's



INTERIOR OF THE DENTAL SURGERY AT FAKENHAM

duration and all five officers reported enthusiastically on the instruction they had received and many of the anaesthetics subsequently given throughout the year have incorporated halothane as an adjuvant since the advantageous use of this agent was demonstrated very fully during the courses.

The chief dental officer was present at a course on orthodontics at Keele University in the spring. This took the form of concentrated lectures and discussions over three days and was organised exclusively for public dental officers.

Equipment

The modernisation of clinics continued. Dental units with airtors were installed at Long Stratton, North Walsham, Stalham and Wells. In addition, a Walton V anaesthetic apparatus was purchased for Diss and X-ray machines were installed at Cromer, Thetford and East Dereham. Radiographs are an integral part of modern dentistry. They are essential for efficient diagnosis in various dental disorders, including the detection and situation of unerupted teeth. Such can sometimes lead to irregularities in the mouth, so early warning of possible problems is a tremendous asset in dealing with them.

Visit

Mr. J. Rogers, a dental officer of the Department of Education and Science, visited the county in June. Mr. Rogers toured most of the clinics and met many of the staff. The purpose of his visit was to review the dental services of the county and offer advice towards their possible improvement.

Meeting

A meeting of dental officers took place on 28th April. The morning session was devoted to discussion on mutual problems and, in the afternoon, films on surgery and local anaesthesia were shown.

General

The total number of children inspected was 34,003, the great majority of these at routine school inspections. This represented 62% of the school population and was an improvement over the previous year. In addition, a further 2,561 children received a second dental inspection during the course of the year. 11,800 (77% milk teeth) were extracted and 21,213 (22% milk teeth) were filled. This maintains the relative proportion of teeth filled to teeth extracted which was 1.8 in 1964.

2,319 general anaesthetics were administered and almost all these were by dental officers who are particularly interested in this field. It is felt that anaesthetic duties for dental officers in a widespread county dental service such as ours, is to be encouraged for several reasons. It enables the staff to develop their skills in a branch of the profession for which they have been trained but frequently are unable to pursue in the ordinary course of their career. Anaesthetics offer variety and enable dental officers to make contact with their colleagues when common problems can be discussed.

Gas clinics which are regularly organised in various parts of the county are obviously catering for a great need amongst the school population judging by the number of cases treated. Notable amongst these are Aylsham, Diss, Downham Market, Thetford and Aspland Road, Norwich. The last mentioned clinic deals with cases from the area immediately bordering on the city as it is a convenient centre.

Many instances were noted when individual dental officers were approached by school teaching staff for advice on dental health and a few talks were given in schools.

There was the usual steady demand for orthodontic treatment with 188 new cases starting treatment. 245 appliances were fitted for patients. These ranged from simple cases involving the movement or straightening of perhaps one tooth to more complex cases involving extractions followed by fairly prolonged appliance treatment to move several teeth. On my visits to clinics, I have been struck by the number of "serial extractions" which are carried out. This involves extraction of certain teeth to ease crowded mouths. Because this should be done at a particular time when the teeth are erupting in order to obtain the best results, the obvious advantage of regular dental inspections becomes more apparent.

We were once again indebted to the hospital orthodontic consultants for their guidance and advice in difficult cases and we are also grateful to the consultant dental surgeons for help over general dental conditions.

My thanks are once more due to the staff of the health and education departments for their help and co-operation.

DENTAL INSPECTION AND TREATMENT

Inspections

(a) First inspection at school. Number of pupils ...	...	31,933
(b) First inspection at clinic. Number of pupils ...	...	2,070
Number of (a)+(b) found to require treatment	...	20,968
Number of (a)+(b) offered treatment	...	18,859
(c) Pupils re-inspected at school clinic ...	...	2,561
Number of (c) found to require treatment	...	1,466

Attendances and Treatment

First visit	...	...	...	...	...	11,812
Subsequent visits	...	...	...	...	...	18,655
Total visits	...	...	...	...	...	30,467
Additional courses of treatment commenced	...	...	...	...	...	800
Fillings in permanent teeth	...	...	...	...	...	19,865
Fillings in deciduous teeth	...	...	...	...	...	5,136
Permanent teeth filled	...	...	...	...	...	16,618
Deciduous teeth filled	...	...	...	...	...	4,595
Permanent teeth extracted	...	...	...	...	...	2,741
Deciduous teeth extracted	...	...	...	...	...	9,059
General anaesthetics	...	...	...	...	...	2,319
Emergencies	...	...	...	...	...	740
Number of pupils X-rayed	...	...	...	...	...	263
Prophylaxis	...	...	...	...	...	1,538
Teeth otherwise conserved	...	...	...	...	...	4,765
Number of teeth root filled	...	...	...	...	...	16
Inlays	...	...	...	...	...	12
Crowns	...	...	...	...	...	25
Courses of treatment completed	...	...	...	...	...	9,578

Orthodontics

Cases remaining from previous year	...	...	...	234
New cases commenced during year	...	...	...	188
Cases completed during year	...	...	...	67
Cases discontinued during year	...	...	...	23
No. of removable appliances fitted	...	...	...	245
No. of fixed appliances fitted	...	...	...	—
Pupils referred to hospital consultant	...	...	...	46

Prosthetics				
Pupils supplied with F.U. or F.L. (first time)	...	...	...	3
Pupils supplied with other dentures (first time)	...	...	...	139
Number of dentures supplied	...	...	...	162
Anaesthetics				
General anaesthetics administered by dental officers	...	...	...	2,302
Sessions				
Sessions devoted to treatment	...	...	...	4,928
Sessions devoted to inspection	...	...	...	474
Sessions devoted to dental health education	...	...	...	5

VI. HANDICAPPED PUPILS

ASCERTAINMENT

Section 34 of the Education Act, 1944, places a duty on the local education authority to “ascertain” those children in their area who require special educational treatment. Over the years, the expression “ascertainment” and, still more so, “formal ascertainment”, has developed unnecessary bureaucratic associations in many people’s minds, arising, no doubt, from the more formal application of this Section of the Act in its early days. In practice, however, these medical examinations are extremely informal. It is, I believe, generally agreed that the categories of handicapped pupils set out in “The Handicapped Pupils and Special Schools Regulations”, though administratively convenient, are rarely so clearly defined in practice and each child has to be considered as a whole on an individual basis. Thus two children with identical I.Qs or similar defects of hearing loss may not necessarily require similar educational provision. As well as the obviously multiply handicapped child, other children whose handicap seems confined to one particular system may, in fact, be affected in other ways, directly or indirectly. The function of the medical officer’s examination is to consider what medical, educational or social measures may be taken to ensure that the child is allowed to develop to its full potential. In addition, those formulating educational policy can only appraise the need for special provision if some indication of the size of the problem is available. It is therefore important that children who are presenting problems of any sort should be brought to the notice of the school medical officer as soon as possible.

The number of categories of handicapped pupils (10) remained unchanged and the number of ascertainments carried out during the year under each category is given in the following table. There was a decrease of 37 as compared with the previous year.

	1965	1964
Blind ...	2	1
Partially sighted	2	3
Deaf ...	—	3
Partially hearing	22	21
Delicate	8	13
Educationally subnormal	85	106
Epileptic	—	3
Maladjusted	23	21
Physically handicapped	11	16
Defective speech	—	—
Multiple defects	2	5
	<hr/> 155 <hr/>	<hr/> 192 <hr/>

SPECIAL EDUCATIONAL TREATMENT

Many of the children classified as handicapped may not need admission to a special school as those with less severe physical defects can often cope with education within the ordinary school system with special help. The following table gives details of the number of children in special schools, hostels, maintained schools, etc., as at the end of the year.

Categories	In res. day or hospital spl. schools (incl. hostels).		In maintained schools		In independent schools		Not at school		Totals		1965 grand totals	1964 grand totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind ...	6	2	—	—	—	—	1	1	7	3	10	11
Partially sighted ...	7	3	8	1	—	—	—	—	15	4	19	20
Deaf ...	12	5	—	—	—	—	—	—	12	5	17	21
Partially hearing ...	3	3	43	33	2	—	—	—	48	36	84	66
Delicate ...	11	11	22	16	—	1	1	—	34	28	62	76
E.S.N. ...	57	30	262	147	—	1	—	4	319	182	501	526
Epileptic ...	3	4	9	8	—	—	—	1	12	13	25	33
Maladjusted	26	6	20	8	—	—	—	—	46	14	60	64
Physically handicapped	8	8	28	23	6	1	5	2	47	34	81	81
Speech defects	—	1	27	8	—	—	—	—	27	9	36	69
Multiple defects ...	17	9	11	6	—	1	—	1	28	17	45	69
Totals 1965	150	82	430	250	8	4	7	9	595	345	940	—
1964	167	80	489	265	11	1	12	11	679	357	—	1036

The total figure of 940 represents approximately 1.7% of the school population.

During the year, handicapped pupils were placed at the undermentioned residential or day special schools:—

Birmingham Royal Institution for Blind
(Lickey Grange) ...

East Anglian School, Gorleston ...

Lingfield Epileptic Colony ...

Hilton Grange, near Leeds ...

Park Side Day Special School, Norwich

St. John's School, Brighton ...

Clare Day Special School, Norwich ...

The Palace School, Ely ...

Wilfred Pickles School, Duddington,

Rutland ...

Blind pupils

Deaf and partially sighted pupils

Epileptic pupils

Educationally subnormal pupils

Educationally subnormal pupils

Educationally subnormal pupils

Physically handicapped pupils

Physically handicapped pupils

Physically handicapped pupils

EDUCATIONALLY SUBNORMAL CHILDREN

The number of children recorded as being educationally subnormal during the year amounted to 85. The details below show the sources of referral, together with the age at the time of examination and the recommendation given:—

Analysis of cases ascertained as educationally subnormal during the year

By whom referred:—

School medical officer	...	...	...	...	52
Hospital specialist	...	...	...	...	5
Head teacher	...	...	...	...	16
Family doctor	...	...	...	...	1
Educational psychologist	...	...	...	...	8
Speech therapist	...	...	...	...	1
Ascertained before moving to the county during the year	...	...	...	...	2
					85

Age at time of examination	Recommendation		Totals
	Special educational treatment at the ordinary school	Admission to special school	
5	4	—	4
6	5	—	5
7	5	5	10
8	12	7	19
9	8	3	11
10	8	8	16
11	5	8	13
12	3	3	6
13	—	1	1
Totals ...	50	35	85

It is difficult to say how far this annual figure is a true reflection of the number of children in the county requiring special educational treatment on account of educational retardation but it is probable that the number shown is an under-estimate. In the main, medical staff are dependent on the teachers and psychologists to draw their attention to children showing evidence of educational retardation. Teachers are encouraged to refer such children as early as possible.

The Handicapped Pupils and Special Schools Regulations, 1959, define the category of educationally subnormal children as “Pupils who by reason of limited ability or other conditions resulting in educational retardation require some specialised form of education wholly or partly in substitution for education normally given in ordinary schools”. The broad basis of this definition inevitably gives rise to variation in its interpretation which can affect the number ascertained. In addition, differing views on how best to provide education for these children, as well as the nature and amount of special provision available, play their part in influencing recommendations and parental attitudes.

SPECIAL SCHOOLS AND HOSTELS PROVIDED BY THE AUTHORITY

(a) Sidestrand Hall for Educationally Subnormal Pupils

There was no change in the arrangements for reviewing the medical and educational progress of children at Sidestrand Hall. At the end of the year, 85 pupils were resident in the school, including 9 sent by other authorities.

20 new admissions were made during 1965. With the pressure of demand for the limited places available, assessment of priorities by the senior medical officer and the senior educational psychologist is not an easy task.

All school leavers are examined by medical officers at home during their last school holiday to assess the need for future community care and guidance and to advise on particular problems. The ascertainment of a child as a handicapped pupil does facilitate the continuity of supervision and support on leaving school.

With regard to dental treatment, the teeth of the children resident at this school are inspected by one of the Council's dental officers and arrangements made for treatment at his clinic. A speech therapist also devotes a whole day per week to carrying out treatment at this school.

(b) Eden Hall, Bacton, for Delicate Pupils

This school is listed in the Ministry of Education's Special Schools for Handicapped Pupils, List 42, 1963, as providing for children with the following conditions:—

- (i) Debility, malnutrition and anaemia.
- (ii) Respiratory conditions (non-tuberculous).
- (iii) Rheumatism, chorea and rheumatic heart disease.
- (iv) Non-contagious skin disease.
- (v) Congenital heart defect.

Staffing and accommodation facilities limit its ability to provide for conditions (iii) and (v) to those children with the less severe degree of handicap. There was a drop in the number of children resident in this special school during the year to 51. This was due to a reduction in the number of children from outside the county as the number of Norfolk children increased by 1. There is a high admission and discharge rate to and from the school each year. In 1965, 22 children were discharged and 20 admitted. Boys outnumbered girls by almost 2 to 1 and asthma remained the most common condition accounting for 75% of new admissions during the year.

Medical Classification of Children resident on 31st December

	Boys	Girls	Total
Asthma	24	8	32
Asthma and Eczema	3	3	6
Bronchiectasis	—	1	1
Cleft Palate	1	—	1
Hemiplegia	1	—	1
Hydrocephalus	1	—	1
Anorexia	1	—	1
Laryngeal Papillomata	—	1	1
Psoriasis	—	1	1
General debility	1	3	4
Debility with mild cerebral palsy ...	1	—	1
Recurrent upper respiratory infection	—	1	1
	—	—	—
	33	18	51
	—	—	—

Sending Authority				Boys	Girls	Total
Norfolk	...	...	...	11	11	22
Armagh (Northern Ireland)	...	...	...	1	—	1
Bedfordshire	...	...	...	3	1	4
Buckinghamshire	...	...	...	2	—	2
Derbyshire	...	...	...	3	—	3
East Suffolk	...	...	...	1	1	2
Essex	...	...	...	3	—	3
Hertfordshire	...	...	...	1	—	1
Huntingdonshire	...	...	...	1	—	1
Lincolnshire, Holland	...	...	...	2	1	3
Lincolnshire, Kesteven	...	...	...	1	—	1
Lincolnshire, Lindsey	...	...	...	—	1	1
London Borough of Lambeth	...	...	...	2	1	3
Oxfordshire	...	...	...	1	—	1
Great Yarmouth C.B.	...	...	...	—	1	1
Middlesborough C.B.	...	...	...	1	—	1
Norwich C.B.	...	...	...	—	1	1
				—	—	—
				33	18	51
				—	—	—

Medical vetting of admissions and discharges remains the responsibility of the senior medical officer who keeps in close consultation with the headmaster and matron. Brief terminal reports after full medical examination are sent to the sending authorities.

Regular dental inspection is carried out by one of the Council's dental officers and any necessary treatment is arranged at his clinic.

(c) Colne Cottage Hostel, Cromer, and Morley Hall Hostel, near Wymondham, for Maladjusted Pupils

These hostels provide for children who show signs of emotional instability or psychological disturbances but who can still benefit from education in an ordinary school providing the sympathetic and sheltered environment of a hostel is available. It is usual for such children to be seen by a consultant psychiatrist at a child guidance clinic or elsewhere before a recommendation is made for admission and social and educational factors, in addition to medical, must be considered.

24 children were accommodated at Colne Cottage and 30 at Morley Hall at the end of the year. 22 of these 54 children were referred by other authorities.

The consultant psychiatrist, senior medical officer, senior educational psychologist and the psychiatric social worker attended monthly case conferences at each of the hostels with the warden of the hostel, to discuss the progress of individual children, when appropriate, and to make the necessary recommendations and reports.

DEAF AND PARTIALLY HEARING CHILDREN

The Education Committee approved in July the holding of another training course for 12 health visitors in the testing of the hearing of very young children. Dr. Owrid, Lecturer in Audiology, Manchester University, came to Norwich in the autumn and instructed the health visitors in the screening of young children. At the time of the preparation of this report, I am pleased to say that the nurses were tested in January, 1966, and given certificates of proficiency.

The scheme for the screening of six-year-old children by audiometer sweep testing by selected health visitors was introduced in two of the local health areas in the autumn. In view of the large number of health visitors trained in the hearing screening of young children and the fact that most of them already tested hearing in eight-year-old children, it was felt that it would be a logical extension of their duties to undertake the sweep testing of six-year-old children instead of testing by other methods at the age of eight. This would then parallel the scheme for vision testing, the failures being referred to the school medical officer. Experience of sweep testing by other authorities has shown that there can be a large number of failures and as lack of response to the pure tone audiometer may be due to temporary catarrhal conditions or a simple obstruction as well as other causes related to the conditions under which the test is carried out, it is important that these children should be followed up by the medical officer. A full assessment, including an ear, nose and throat examination, is carried out before it is decided whether further investigation is required, otherwise the resources of the hospital ear, nose and throat or hearing clinics would be overburdened.

By the end of the year, a total of 38 schools had been visited and of a total of 785 children screened, 64 were referred to the medical officer for follow-up, that is 8.1% of the total. There were a number of other children noted for routine observation.

Total number of primary schools in areas	...	79
No. of schools visited during term ended 21st		
December ...	...	38
No. of pupils screened by:		
(a) Health visitors/school nurses	...	742
(b) School medical officers	...	43
	Total	785
No. of pupils absent at screening	...	60
No. who failed test by:		
(a) Health visitors/school nurses		
(i) one ear	...	33
(ii) both ears	...	26
(b) School medical officers		
(i) one ear	...	4
(ii) both ears	...	1
	Total	64

At the end of the year, only a few children had been followed up by the medical officer and these figures are not included.

PERIPATETIC TEACHING OF THE DEAF AND PARTIALLY HEARING

An additional peripatetic teacher of the deaf and partially hearing, Mr. E. E. Pearson, commenced duty at the beginning of the year, which brought the total staff to 3. A fourth teacher, Miss M. P. Bristow, was also appointed but did not commence duty until 1st January, 1966. At the end of 1965 there were 2 special units for partially hearing children, 1 at St. Edmund's Infants' School, King's Lynn, and another at the Primary School, Attle-

borough, in charge of Mr. Pearson and Miss P. J. Webber, respectively. Another special unit at Fakenham C.P. School has been equipped and will open after Easter, 1966.

In addition to their duties within the partially hearing unit, peripatetic teachers give auditory training and parent guidance at the homes of children, or in schools. The hearing assessment clinic at the Jenny Lind Hospital is under the supervision of the Consultant Otologist, Mr. R. J. Sellick. The teachers of the deaf have a rota for attending this clinic at the hospital and every effort is made to ensure that children under the care of a particular teacher attend when that teacher is present. Details of the work done at the clinic are as follows:—

No. of children seen at the hospital hearing assessment clinic	...	...	...	...	130
No. of attendances made	...	...	...	...	144
No. of sessions held	...	...	...	...	24
No. of children seen at home by peripatetic teachers of the deaf	...	...	...	...	165
No. of home visits made	...	...	...	...	1,095

I am grateful to the Chief Education Officer for the following extract from a report made by Miss P. J. Webber, senior peripatetic teacher of the deaf:—

“ St. Edmund’s County Primary Infants’ School.

The specially equipped classroom is in the infants’ school but can be conveniently used by the junior age children as well as those who are on the registers in the infants’ school.

When the unit first commenced to operate in January, 1965, there were four pupils with ages ranging from 4 to 10 years accommodated, and this number has now risen to 17. By arrangement with the Divisional Education Officer some part-time assistance is now given to Mr. Pearson in the unit by Mrs. Pearson, who is a qualified teacher and undertakes remedial teaching half-time in the St. Edmund’s Junior School. Until we are able to obtain the services of another teacher of the deaf in the King’s Lynn area, and the post has twice been advertised without any response, it will not be possible to continue the rapid expansion of the service.

Mr. Pearson is already visiting groups of partially hearing senior children in certain secondary schools in the Borough for auditory training and remedial teaching, and there are sufficient seniors requiring help to justify some unit provision at one of the secondary schools when the services of an additional teacher can be obtained.

Attleborough County Primary School.

The unit here is in the form of a mobile classroom based in the infant playground. The room has been provided with specialist equipment but has not yet been acoustically treated. The unit opened in September, 1965, with five children attending and now has eight children with ages ranging from 4 to 10 years.

With the new secondary modern school close at hand it is hoped that it will be possible to arrange for the admission to the secondary school of some partially hearing children and for the teacher of the deaf to assist them in the unit accommodation.

At the present time there are a number of mothers with pre-school age deaf children visiting the unit to receive training from Miss Webber.

Hearing Aids.

Most hearing impaired children in Norfolk are issued with Medresco hearing aids from the Norfolk and Norwich Hospital, where all spare parts, batteries, etc., are provided free of charge. In some cases where there is an abrupt high-tone loss, or profound deafness, a specialist E.N.T. Consultant or teacher of the deaf has recommended the use of a commercial aid, and the Committee have authorised the purchase of these aids during the past few years for 12 children in residential special schools, 6 children in the peripatetic service and 4 children in day units.

Portable Speech Trainers.

The Committee has been generous in providing 25 Speechmasters, which are designed especially for use by parents under supervision by the teachers. A Speechmaster is a smaller and cheaper instrument than the "Trainer" which is used by the teacher of the deaf. The apparatus is capable of amplifying the speech frequencies at a greater intensity than the Medresco hearing aid, and also covers a wider range. Fifteen of these Speechmasters are now used in the homes of pre-school children between the ages of two and five years; 5 are used in the King's Lynn unit, 1 in the Attleborough unit, 2 in the Fakenham unit, 1 in a primary school and 1 in a secondary modern school."

CHILD GUIDANCE

During the year, Dr. M. Gomcz-Beneyto, Registrar at Little Plumstead Hospital, commenced assisting the panel of consultants, bringing the number of psychiatrists available for attendance at child guidance clinics to 6. In addition, 2 educational psychologists and 2 psychiatric social workers attend the clinics and the senior medical officer consults with them as required.

The total number of new cases seen (146) shows an increase of 23 over the figure for the preceding year and included 32 enuretics who were seen at 19 special clinics held in Norwich, Wells and Fakenham. Included in the duties of the child guidance clinic team was the ascertainment of maladjusted pupils and the recommendation for admission to residential hostels where appropriate.

The number of children seen and the number of clinic sessions held during the year at six centres are given below:—

No. of clinics held	No. of new cases seen	Total individual patients seen	Total No. of interviews
95 (74)	146 (123)	191 (164)	305 (200)

(Comparable figures for 1964 are shown in brackets)

The number of interviews and clinic sessions held at each of the centres during the year are analysed in the following table:—

	Norwich	King's Lynn	Cromer	Great Yarmouth	Wells	Fakenham	Home	Total
No. of sessions	63†	28	2	—	1*	1*	—	95
No. of interviews	198	89	4	8	2	3	1	305

† Including 17 sessions for enuretics.

* Enuresis clinics.

Results following Diagnosis and Treatment

53 or 28% of all children seen at child guidance clinics during the year or in previous years were discharged as cured or greatly improved. The table on page 00 shows the disposal of the remaining 138 cases seen.

ANALYSIS OF NEW CASES REFERRED

Sources of reference :—			No.	%
General medical practitioners	...	...	63	43
Hospital specialists	...	...	12	8
School medical staff, speech therapists, local welfare officers and health visitors	...	...	41	28
Chief Education Officer, educational psychologists, social workers and head teachers of schools	...	...	20	14
Parents	...	...	1	7
Medical Director, Lingfield Residential Special School	...	...	1	
Children's officer	...	...	4	
Probation officers or magistrates	...	...	4	
			146	100
Reasons for reference :—				
General behaviour problems	...	...	53	
Emotional difficulties	...	...	38	
Educational difficulties (including refusal or reluctance to attend school) caused by psychological disturbances, also advice re educational future	...	...	23	
Incontinence of urine or faeces	...	...	32	
			146	

Disposal of cases :—

The figures in brackets indicate the number of children who originally attended in previous years.

	No.	%	
Discharged as adjusted or greatly improved	53	28	(19)
Recommended for admission to hostel for maladjusted children	18	10	(7)
Recommended for admission to residential special school for maladjusted children	1	0.5	
Recommended for admission to residential special school for educationally subnormal children	4	2	(2)
Recommended for admission to residential special school for delicate children	1	0.5	(1)
Recommended for admission to mental hospital	2	1	(1)
Recommended for admission to approved school	1	0.5	(1)
Referred to Children's Officer, Probation Officer or Court	4	2	(2)
Advice given—no recall to clinic necessary	21	11	
Left County	8	4	(4)
Parents unco-operative	1	0.5	
Still under treatment	77	40	(8)
	191	100	(45)

SPEECH THERAPY

Mrs. J. M. Bruce, who had been working for five sessions a week since October, 1962, resigned on the 28th February. Mrs. D'Vida Beaton, part-time speech therapist, was appointed to the whole-time staff as from 27th September, thus bringing the number employed to full establishment, including the senior speech therapist, Miss J. Rutt. This welcome addition to the staff

enabled several new clinics to be opened and had the effect of increasing the total number of children treated during the year from 672 to 774, and the number of sessions from 1,497 to 1,764.

All therapists have the facility of a tape recorder and audiometer available. It has been possible in these circumstances, to treat nearly all the children whose parents are willing and able to bring them to one of the clinics. In the rural areas, however, transport is a problem and it is sometimes not possible for a child to attend a clinic by public transport.

While the speech therapists can and do see some children either in their own schools or even in their own homes when this is practicable, in order to ensure that as many children as possible receive the necessary treatment it is important to minimise the therapists' travelling time and this can only be achieved by carrying out as much work as possible in the clinics.

Speech therapy usually requires weekly attendance over a long period as progress is often slow and, because of this and inconvenient transport, many parents give up before maximum benefit has been achieved. It is especially difficult for children to attend a clinic when the mothers are at work and, therefore, a hard core of speech cases in the county remains untreated.

Details of the work carried out during the year are given on page 24(a). These statistics do not include cases seen by Miss Rutt, senior speech therapist, at the Great Yarmouth clinic or at the Jenny Lind Hospital, Norwich, where she attends, by arrangement of the authorities concerned, two sessions and one session per week respectively. By her attendance at the hospital she is able to maintain useful liaison with the consultant staff.

PUPILS SUFFERING FROM DISABILITY OF THE MIND

11 children during the year were found to be unsuitable for education at school in accordance with Section 57 of the Education Act, 1944.

When the examining medical officer is satisfied that a child nearing the age of five is unsuitable for education at school and the parents agree to accept the proposed arrangements for their child, for example, attendance at a junior training centre, there is now no need to follow the formal procedure under Section 57. During the year, 16 children were dealt with in this way. 13 of these children were admitted to the junior training centre, 1 was awaiting hospital admission, 1 was not yet suitable for admission to a junior training centre and 1 pre-school child was awaiting admission.

In two cases, parents exercised the statutory right to appeal to the Secretary of State for the Department of Education and Science against the decision that their child was considered to be unsuitable for education at school. In both cases, the parents' appeal was upheld. One child subsequently left the county and the other was admitted to Sidestrand Hall Residential Special School for educationally subnormal children.

In addition, 35 children were reported informally to the local health authority as requiring care and guidance after leaving school.

CEREBRAL PALSY

45 educable spastic children were known to the school health service as at 31st December. 19 of these were able, in spite of their disability, to attend an ordinary school, 16 were in residential special schools or hospitals, and the remainder were receiving home tuition, were under school age, at private schools or at home awaiting further consideration as to their future education.

SPEECH THERAPY

Statistics for Year ended 31st December, 1965

TREATMENT AT CLINICS	Acle	†Attleborough	Aylsham	Burnham Market	Caister	Clenchwarton	Cromer	Diss	†Docking	Downham Market Clinic and Schools	East Dereham	Eden Hall, Bacton	Fakenham	†Harleston	*Heacham	Holt Junior Training Centre	Hoveton	Hunstanton	King's Lynn Clinic and Schools	*Litcham	Loddon	†Long Stratton	Methwold	North Walsham	Norwich	Old Buckenham	Reepham	Sheringham	Sidesrand Hall	Stalham	Swaffham	†Terrington Schools	Thetford	†Tilney Schools	†Upwell	†Walpole Schools	Waton	Wells	West Walton	Wymondham	Treated at Home/School	GRAND TOTAL			
Total number of sessions held ...	36	9	36	43	34	15	44	76	11	46	42	19	86	8	10	30	14	63	238	9	20	9	34	32	285	34	35	45	68	17	43	10	41	8	12	16	38	46	20	82	—	1764			
Total No. of cases:—																																													
Treated during the year ...	7	17	12	7	12	21	13	24	4	21	42	6	25	6	5	6	3	15	76	9	17	7	16	18	119	17	8	16	17	7	17	8	36	5	18	11	32	18	5	32	19	774			
Commenced treatment during year ...	2	10	3	3	6	9	4	4	—	5	20	—	12	6	—	1	—	4	32	8	5	7	4	4	38	7	1	6	2	—	3	1	18	2	10	7	17	7	—	12	10	290			
Discharged ...	2	1	6	1	5	6	3	3	—	6	10	—	10	—	—	1	1	4	16	—	5	—	8	4	25	5	1	9	7	2	4	3	4	—	1	2	1	11	1	1	5	174			
Transferred to other clinics or home visits ...	—	—	—	—	—	—	—	1	—	1	10	1	1	1	—	—	—	—	—	—	—	—	—	—	18	2	—	—	—	—	3	—	4	—	—	—	1	—	—	—	4	1	48		
Analysis of all cases treated during year:—																																													
1. Stammering ...	1	3	—	—	2	1	3	5	—	3	7	—	1	1	1	—	2	—	17	1	1	2	3	1	12	7	5	3	3	2	1	—	6	—	2	3	5	2	—	7	1	114			
2. Defects of articulation:—																																													
(a) Dyslalia ...	4	12	12	3	8	19	6	16	3	12	22	5	12	4	4	—	1	12	46	5	13	4	12	14	70	9	3	9	3	4	13	8	22	5	14	8	21	12	5	18	8	481			
(b) Sigmatism ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
(c) Rhinolalia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
due to (i) Cleft Palate ...	—	—	—	1	—	—	1	—	1	1	—	1	—	—	—	—	—	—	3	—	—	—	—	—	—	6	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	3	20	
(ii) Nasal obstruction ...	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	3
(iii) Other causes ...	—	—	—	—	—	—	—	1	—	—	4	—	—	—	—	—	—	—	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10
(d) Dysarthria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12
3. Aphasia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
4. Defective speech due to:—																																													
(i) Subnormal mentality ...	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	6	—	—	—	—	—	—	1	—	3	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	12
(ii) Deafness ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
5. Retarded speech development ...	1	2	—	2	1	—	3	1	—	3	4	—	9	—	—	—	—	3	4	1	1	1	—	—	16	—	—	4	8	—	3	—	2	—	—	1	—	4	3	—	4	5	86		
6. Dysphonia ...	—	—	—	—	—	1	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
7. Multiple defects ...	1	—	—	1	—	—	—	—	—	—	4	—	2	—	—	—	—	—	—	1	2	—	—	1	6	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25
Analysis of cases discharged:—																																													
No. of children discharged during year who:—																																													
1. Achieved normal speech ...	2	—	4	1	4	4	3	2	—	—	3	—	5	—	—	—	—	—	7	—	3	—	3	3	19	1	—	7	1	—	4	3	2	—	1	2	1	9	—	—	2	96			
2. Were greatly improved ...	—	—	1	—	—	1	—	—	—	5	4	—	3	—	—	—	1	2	4	—	—	—	—	1	6	2	1	1	5	1	—	—	2	—	—	—	—	1	1	3	2	47			
3. Showed some improvement ...	—	1	1	—	1	1	—	—	—	1	8	1	2	—	—	1	—	1	3	—	—	2	—	—	3	4	—	—	1	—	3	—	1	—	—	—	—	—	—	—	—	—	—	36	
4. Showed little or no improvement...	—	—	—	—	—	—	—	2	—	1	5	—	1	1	—	—	—	1	2	—	2	—	3	—	15	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	43
No. of cases discharged during year:—																																													
(a) No further treatment required ...	2	—	6	1	4	5	3	2	—	1	3	—	7	—	—	—	—	—	8	—	1	—	3	4	22	—	—	7	5	—	4	3	3	—	1	2	1	10	1	—	4	113			
(b) Non co-operation of parents ...	—	—	—	—	—	—	—	—	—	—	4	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	
(c) Left district ...	—	—	—	—	—	1	—	—	—	5	1	—	1	—	—	1	—	2	3	—	2	—	4	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	27	
(d) Left school (over age) ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—										

† New Clinic opened during 1965

* Clinic re-opened during 1965

Total 222

HOSPITAL SCHOOLS

The hospital school at Kelling Children’s Hospital, Holt, maintained by the regional hospital board, was closed at the end of the autumn term when one Norfolk child, who was an in-patient, was receiving special education provided by the Committee.

HOME TUITION

The Education Committee has a duty under the Education Act to provide, in special circumstances, home tuition for handicapped pupils who are not attending school. At the end of the year, 11 handicapped children were receiving education at home.

HEART CLINICS

Special heart clinics for Norfolk children held by Dr. W. A. Oliver at the Jenny Lind Hospital, Unthank Road, Norwich, continued and, during the year, 79 examinations were carried out at 24 sessions. In addition, 38 examinations of older children were made by him at the adult clinic at the Norfolk and Norwich Hospital.

Any modification of the school curriculum or restriction of activity recommended by the heart specialist is notified to the appropriate school medical officer, the parent and the head teacher.

VII. INFECTIOUS DISEASES.

The table below gives the number of schools closed on account of infectious illnesses, together with the number of days when the schools were closed:—

Disease	No. of closures		No. of school days closed	
	1965	1964	1965	1964
Influenzal coughs and colds	1	1	3½	2
Measles	1	—	4	—
Totals	2	1	7½	2

VIII. VACCINATION AND IMMUNISATION

Vaccination against Smallpox

During the year, 148 children of school age were vaccinated for the first time and 136 were re-vaccinated. The figures show a welcome improvement on those for 1964 and with the exception of those for 1961 and 1962 (the year of the smallpox outbreak), are the highest since records were first kept in 1949.

Diphtheria Immunisation

Once again I am pleased to report that there were no recorded cases of diphtheria in the county during the year and although the number of school children who received primary immunisation showed a decrease, the corresponding figure for re-inforcing injections was again higher than in 1964.

Comparative figures for the past three years in respect of children in the age group 4–15 years are as follows :—

				Primary	Booster	Total
1963	...	...	...	768	4,018	4,786
1964	...	...	...	828	6,316	7,144
1965	...	...	...	554	7,302	7,856

Vaccination against Poliomyelitis

A total of 633 children between 4 and 15 years of age received primary vaccination and 3,713 were given booster doses. Of these, 47 were by injection, the remainder receiving the oral (Sabin) vaccine. The majority of booster doses were given during the children's first year at school.

Immunisation against Tetanus

All children are offered protection against this disease as a routine measure at school entry, and either a primary course (which may have been missed in infancy) or a booster dose is strongly recommended to all parents.

During 1965, primary courses of immunisation were given to 1,740 children between the ages of 4 and 15 years and a further 8,254 received re-inforcing injections.

B.C.G Vaccination—Prevention of Tuberculosis

There is a welcome indication that parents are becoming increasingly aware of the value of this form of protection and it is gratifying to note that the consent rate reached the highest recorded figure of 78.1%.

The Council's scheme has remained unchanged and is in accordance with the recommendations contained in the latest circular from the Ministry of Health (19/64).

B.C.G. vaccination is offered to children during the year preceding their 14th birthday. Vaccination at this age offers protection during those years in which the adolescent is both susceptible and most likely to be exposed to infection. In some cases vaccination is extended to whole school classes even though a few of the children may be under 13 years of age, and it is also offered periodically to children and young persons of 14 years of age and upwards who are still at school. In 1965, 4,336 children were tested, of whom 3,663 were found to be suitable for vaccination and 3,563 received the B.C.G. vaccine.

IX. SANITARY CIRCUMSTANCES AT SCHOOLS

Of a total of 455 maintained day schools, 218 were the subject of sanitary reports returned during 1965 by school medical officers when carrying out routine medical inspections.

In 92 such reports the medical officers made no adverse comments and the following list summarises briefly the nature of those features in which they felt some improvements might be made in respect of the remaining 126 schools inspected :—

Analysis of matters reported by school medical officers as requiring attention.			
Feature	No. of schools at which reported	Investigations and/or recommendations made	
Closet accommodation ...	35	2	
Washing accommodation ...	68	2	
Water supply ...	3	1	
Lighting and ventilation ...	14	—	
Heating ...	24	3	
General ...	4	1	
Playground ...	12	2	
Refuse disposal ...	7	2	
Drainage ...	3	—	
Canteen ...	29	1	
Miscellaneous ...	16	1	

For Education Committee purposes the county is divided into 43 school areas and in 8 of these areas no inspections of schools were made in 1965 and in 6 others the number inspected was below 25% of the total number of schools in the area.

In many of the schools included in the summary shown above, the defects were of a minor nature and the majority of them were found in the older primary schools. Most are of the type which fall to be dealt with in the Education Committee's minor building programme which suffers from severe capital restrictions. Nevertheless, throughout the year many defects were known to be the subject of report in the programme. In these circumstances, recommendations made from this department relate only to those schools where considerable need was felt for improvements. The provision at a number of schools of hot water for washing purposes has been a feature of the minor building programme of the Education Committee and most schools are now using individual towels.

Close liaison has been maintained throughout the year with the Chief Education Officer's department.

X. SCHOOL MEALS SERVICE

Food hygiene talks were continued during the year at special courses for school meals staff and 646 visits were made by the health department's public health inspectors to school canteens for food inspection purposes. In 20 canteens, improvements which were considered necessary to meet the requirements of the Food Hygiene Regulations were obtained with the co-operation of the Chief Education Officer's department. Foodstuffs found to be unfit for human consumption were condemned and suitable liaison was maintained, where necessary, with the district councils' public health inspectors.

In general, the standard of food preparation at the canteens is extremely high and this year, as in previous years, no cases of food poisoning attributable to school meals were found.

Co-operation received from the head teachers and all staff of the school meals service continued to be excellent.

XI. MILK IN SCHOOLS SCHEME

At the beginning of the year all schools were in receipt of pasteurised milk but during the year and because of local difficulties, 2 schools were supplied with "untreated" milk from a local producer. This supply was included in the health department's routine sampling measures for *Brucella Abortus* and tuberculosis examinations and negative results were obtained during the year.

The following table shows the results of sample examinations and a generally satisfactory position has been maintained. Void methylene blue results were reported because of the atmospheric shade temperature exceeding 70°F. during the period of storage of the samples at the laboratory. The phosphatase failures, which are indicative of inadequate heat treatment of the milk, were investigated and the faults traced and rectified.

Test	No. of examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue ...	335	294	7	34
Phosphatase ...	332	329	3	—
	<hr/>	<hr/>	<hr/>	<hr/>
Totals ...	667	623	10	34
	<hr/>	<hr/>	<hr/>	<hr/>

During the year, 279 samples of school milk were submitted to the Weights and Measures Department of the County Council for Gerber examinations. Two proved unsatisfactory and suitable follow-up action was taken.

In 5 cases, improvements in the method of storage of milk at the schools were obtained.

The collection of empty school milk bottles at the end of school terms was given special attention and extremely good co-operation was received from the dairymen.

XII. SCHOOL SWIMMING POOLS

During the year, 24 school swimming pools were in use, 6 of which were covered and heated. Three new pools were brought into operation and all pools, with one exception, have continuous circulation, filtration and chlorination plant. One previously open-air pool was covered and heated during the year. At 3 other schools swimming pools were either projected or under construction at the end of the year.

Sampling and inspections have been carried out at each school and every co-operation has been received from the head teachers and other staff responsible for the maintenance of the pools.

Of 43 samples submitted, 36 contained no coliform organisms per 100 ml. and 30 had nil plate count tests.

Towards the end of the year consistently unsatisfactory samples were obtained at one school and, at the time of preparing this report, investigations were continuing to ascertain the cause.

XIII. REMAND HOME

There was no change in the arrangements whereby members of headquarters medical staff visited Bramerton Remand Home during the year to examine children on admission and discharge. 171 boys and 93 girls were admitted and, in addition, 37 girls were specially examined and 73 boys and 53 girls were seen by the consultant psychiatrist.

XIV. CHILDREN'S HOMES

All of the 6 children's homes maintained by the Children's Committee were inspected regularly by medical officers and reports submitted on the hygienic conditions of the premises. Children needing dental treatment were, where practicable, treated at the appropriate dental clinic.

XV. MISCELLANEOUS

Holiday Camps for Handicapped Children

3 diabetic, 3 epileptic and 2 physically handicapped children were sent at the expense of the Education Committee to camps arranged by voluntary bodies.

Medical Examinations

The following examinations were made by the medical staff of the health department :—

352 examinations of candidates for teachers' training colleges and entrants to the teaching profession, under the terms of Ministry of Education Circulars 248 and 249.

193 examinations of entrants to the school canteen service, other than those covered by the Local Government Superannuation Acts.

53 examinations of school road crossing patrols (non-superannuable).

SCHOOL HEALTH SERVICE

LIST OF CLINICS

as at 31st December, 1965

Name and address of clinic	Type of treatment provided	Frequency of session
ACLE		
Secondary Modern School	Speech therapy	One session weekly.
V.P. School	Dental	Four sessions weekly.
ATTLEBOROUGH		
Secondary Modern School	Speech therapy	One session weekly.
AYLSHAM		
Secondary Modern School	Dental	Six sessions weekly.
	Speech therapy	One session weekly.
C.P. School	Speech therapy	One session weekly.
BURNHAM MARKET		
C.P. School	Speech therapy	One session weekly.
CAISTER		
Secondary Modern School	Speech therapy	One session weekly.
CLENCHWARTON		
C.P. School	Speech therapy	One session weekly.
COSTESSEY		
C.P. School	Dental	Four sessions weekly.
CROMER		
Local Health Office, Norwich Road ...	Child Guidance	As required.
	Dental	Four sessions weekly.
	Speech therapy	One session weekly.
DISS		
Secondary Modern School	Dental	Eight sessions weekly.
	Speech therapy	One session weekly.
DOWNHAM MARKET		
Local Health Office, 48, Howdale Road ...	Dental	Eight sessions weekly.
	Speech therapy	One session weekly.
EAST DEREHAM		
Local Health Office, High Street ...	Dental	Eight sessions weekly.
	Speech therapy	Two sessions weekly.
FAKENHAM		
C.P. School	Dental	Six sessions weekly.
	Speech therapy	Two sessions weekly.
FRAMINGHAM EARL		
Secondary Modern School	Dental	Two sessions weekly.
HARLESTON		
Secondary Modern School	Speech therapy	One session weekly.
HELLESDON		
C.P. Infants School, Kinsale Avenue	Dental	Four sessions weekly.

Name and address of clinic	Type of treatment provided	Frequency of session
HILGAY Ten Mile Bank C.P. School	Speech therapy	One session weekly.
HOVETON Secondary Modern School	Dental Speech therapy	Four sessions weekly. One session weekly.
KING'S LYNN Local Health Office, 15, Nelson Street ...	Child Guidance Speech therapy	Two sessions monthly . Two sessions weekly.
Secondary Modern School Queen Mary Road, Gaywood ...	Dental	Ten sessions weekly.
LITCHAM Secondary Modern School } C.P. School }	Speech therapy	One session weekly.
LODDON Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
LONG STRATTON Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
METHWOLD Secondary Modern School	Dental Speech therapy	Six sessions weekly. One session weekly
NEW HUNSTANTON Secondary Modern School	Dental Speech therapy	Eight sessions weekly. One session weekly.
NORTH WALSHAM Secondary Modern School	Dental Speech therapy	Six sessions weekly. Two sessions weekly.
NORWICH Local Health Office Aspland Road ...	Child Guidance	One session weekly, and one session monthly (enuretics).
	Dental Speech therapy	One session weekly. Five sessions weekly.
OLD BUCKENHAM Secondary Modern School	Speech therapy	One session weekly.
REEPHAM Secondary Modern School	Speech therapy	One session weekly.
SHERINGHAM Secondary Modern School	Dental Speech therapy	Four sessions weekly. One session weekly.
SPROWSTON C.P. School	Dental	Four sessions weekly.
STALHAM Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly .

Name and address of clinic	Type of treatment provided	Frequency of session
SWAFFHAM Secondary Modern School	Dental Speech therapy	Six sessions weekly. One session weekly.
TERRINGTON ST. CLEMENT Secondary Modern School	Dental	Two sessions weekly.
TERRINGTON ST. JOHN C.P. School 	Speech therapy	One session weekly.
THETFORD Local Health Office, Tanner Street ...	Dental Speech therapy	Four sessions weekly. One session weekly.
THORPE C.P. School, Hillside Avenue ...	Dental	Six sessions weekly.
WATTON Secondary Modern School	Dental Speech therapy } Speech therapy }	Four sessions weekly One session weekly
WELLS-NEXT-SEA C.P. School 	Dental Speech therapy	Four sessions weekly. One session weekly.
WEST WALTON Secondary Modern School	Speech therapy	One session weekly.
WYMONDHAM Secondary Modern School	Dental Speech therapy	Eight sessions weekly. One session weekly.
Wymontham College	Speech therapy	One session weekly.

MEDICAL INSPECTION AND TREATMENT

Return for the Year ended 31st December, 1965

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	For defective vision (excluding squint)	For any other condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1961 and later	240	240	—	8	13	20
1960	2,905	2,902	3	77	137	202
1959	2,513	2,503	10	98	146	232
1958	338	336	2	13	20	27
1957	188	186	2	15	20	33
1956	104	104	—	11	14	23
1955	2,392	2,389	3	196	131	314
1954	2,345	2,340	5	207	139	326
1953	300	299	1	34	33	62
1952	181	179	2	15	29	39
1951	1,073	1,073	—	67	59	111
1950 and earlier	3,727	3,723	4	407	165	537
Total	16,306	16,274	32	1,148	906	1,926

Col. (3) total as a percentage of Col. (2) total 99.80% } to two places of decimals
Col. (4) total as a percentage of Col. (2) total 0.20%

TABLE B.—OTHER INSPECTIONS

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections	...	...	...	882
Number of re-inspections	...	...	...	9,515
			Total	10,397

TABLE C.—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	14,622
(b)	Total number of individual pupils found to be infested	...	...	199
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	—

**PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL
MEDICAL INSPECTIONS DURING THE YEAR**

Defect Code No. (1)	Defect or Disease (2)					PERIODIC INSPECTIONS				Special Inspec- tions
						Entrants	Leavers	Others	Total	
4.	Skin	...	...	...	T	8	18	33	59	8
					O	154	116	102	372	43
5.	Eyes—a. Vision	...	...	...	T	215	431	502	1148	310
					O	459	288	380	1127	157
	b. Squint	...	...	...	T	49	6	26	81	9
					O	89	11	33	133	12
	c. Other	...	...	...	T	6	1	8	15	2
					O	26	41	51	118	14
6.	Ears—a. Hearing	...	...	...	T	35	9	20	64	29
					O	142	18	57	217	52
	b. Otitis Media	...	...	...	T	11	2	5	18	4
					O	159	16	42	217	18
	c. Other	...	...	...	T	7	1	6	14	4
					O	17	9	18	44	7
7.	Nose and Throat	...	...	...	T	66	12	42	120	66
					O	562	74	166	802	88
8.	Speech	...	...	...	T	31	4	31	66	52
					O	246	14	26	286	26
9.	Lymphatic Glands	...	...	...	T	4	1	3	8	2
					O	115	4	20	139	11
10.	Heart	...	...	...	T	18	13	4	35	4
					O	64	39	35	138	10
11.	Lungs	...	...	...	T	11	4	45	60	4
					O	167	33	73	273	32
12.	Developmental—a. Hernia	...	...	...	T	12	—	5	17	4
					O	36	2	7	45	2
	b. Other	...	...	...	T	22	11	32	65	32
					O	159	31	113	303	29
13.	Orthopaedic—a. Posture	...	...	...	T	1	4	8	13	4
					O	18	26	36	80	5
	b. Feet	...	...	...	T	29	3	19	51	10
					O	148	50	120	318	26
	c. Other	...	...	...	T	27	13	30	70	23
					O	210	118	131	459	29
14.	Nervous System—a. Epilepsy	...	...	...	T	3	2	3	8	2
					O	10	7	21	38	4
	b. Other	...	...	...	T	8	—	9	17	3
					O	69	14	41	124	18
15.	Psychological—a. Development	...	...	...	T	10	5	114	129	30
					O	96	26	64	186	42
	b. Stability	...	...	...	T	9	11	25	45	31
					O	97	47	86	230	59
16.	Abdomen	...	...	...	T	2	—	4	6	3
					O	29	6	17	52	11
17.	Other	...	...	...	T	11	10	23	44	7
					O	53	35	53	141	33
	TOTALS	...	...	...	T	595	561	997	2153	643
					O	3125	1025	1702	5842	728

**PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY
AND SPECIAL SCHOOLS).**

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	9
Errors of refraction (including squint)	2,138
Total	2,147
Number of pupils for whom spectacles were prescribed	1,140

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) for diseases of the ear	8
(b) for adenoids and chronic tonsillitis	282
(c) for other nose and throat conditions	11
Received other forms of treatment ...	9
Total	310
Total number of pupils in schools who are known to have been provided with hearing aids:--	
(a) in 1965	6
(b) in previous years	12

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out- patients departments	†
(b) Pupils treated at school for postural defects	†
Total	†

† Figures not available.

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table C of Part I).

				Number of cases known to have been treated.
Ringworm—(a) Scalp	...	...		—
(b) Body	...	...		—
Scabies ...	...	...		—
Impetigo	...	...		9
Other skin diseases	...	...		3
Total	...	...		12

TABLE E—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at child guidance clinics	191

TABLE F—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapists ...	774

TABLE G—OTHER TREATMENT GIVEN.

				Number of cases known to have been dealt with.
(a) Pupils with minor ailments	...			—
(b) Pupils who received convalescent treatment under School Health Service arrangements	...	...		—
(c) Pupils who received B.C.G. vaccination	...	...	...	3,563
(d) Other	...	...	...	—
Total	...	...		3,563

